Fill ir	n this information t	to identify your ca	ase:						
Debt		Richard But							
Debt (Spou	or 2 se, if filing)			_					
Unite	ed States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA					
Case	e number 17-	·-15863			Check if this is:				
(If kno	wn)			-	An amended filing	An amended filing			
					A supplement showing postpetition chapter 13 income as of the following date:				
Of	<u>ficial Form</u>	<u> 1061</u>			MM / DD/ YYYY				
Sc	hedule I:	Your Inc	ome			12/15			
	h a separate she			ith you, do not include information onal pages, write your name and					
	Fill in your employment information.			Debtor 1	Debtor 2 or non-filing	g spouse			
	If you have more	ate page with out additional	Francisco estatua	■ Employed	☐ Employed	☐ Employed			
	attach a separate information about employers.		Employment status	☐ Not employed	☐ Not employed				
			Occupation	Laborer					
	Include part-time, seasonal, or self-employed work.		Employer's name	Palmer Plastics Inc					
		tion may include student emaker, if it applies.  Employer's address 2906 William Penn Hwy Easton, PA 18042							
			How long employed t	here? 10 years					
Part	2: Give De	tails About Mor	nthly Income						
	nate monthly inco se unless you are		ate you file this form. If	you have nothing to report for any	ine, write \$0 in the space. Includ	le your non-filing			
	or your non-filing space, attach a se			ombine the information for all empl	oyers for that person on the lines	below. If you need			
					For Debtor 1 For Debto non-filing				
2.			ry, and commissions (be calculate what the monthle		5,619.56 \$	N/A			

0.00

5,619.56

3.

+\$

\$

N/A

N/A

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

3.

Debtor 1		Richard Butler	_	C	Case number (if known)		17-15863				
	Con	by line 4 here	4.		For Debtor 1	) 56		Debtor -filing s			
	OUL	y line 4 nere	٦.		Ψ		Ψ_		IN/A	-	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 1,429		\$		N/A	_	
	5b.	Mandatory contributions for retirement plans	5b		. —	0.00	\$_		N/A	_	
	5c.	Voluntary contributions for retirement plans	5c.		· ———	0.00	\$_		N/A	_	
	5d.	Required repayments of retirement fund loans	5d		. —	0.00	\$_		N/A	_	
	5e.	Insurance	5e			0.00	\$_		N/A	_	
	5f.	Domestic support obligations	5f.		. —	0.00	<b>\$</b> _		N/A	_	
	5g. 5h.	Union dues Other deductions. Specify:	5g 5h			0.00	+ \$-		N/A	_	
_			_		·	0.00			N/A	-	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,429		\$_		N/A	-	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$4,190	).56	\$		N/A	-	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a		\$	0.00	\$		N/A	_	
	8b.	Interest and dividends	8b	).	\$	0.00	\$		N/A	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.			0.00	\$		N/A	_	
	8d.	Unemployment compensation	8d			0.00	\$		N/A		
	8e.	Social Security	8e	<del>)</del> .	\$	0.00	\$		N/A	_	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	8f. 8g			).00 ).00	\$		N/A N/A	_	
	8h.	Other monthly income. Specify: Pro Rated Tax Refund	8h		\$ 250	0.00	+ \$		N/A	-	
9.	۸۵۵	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	— 9.	\$	250	0.00	\$		N/A	_	
٥.	Auc	Tall other moone. Add lines da lob loc lod loc lot log lon.	٥.	Ľ			Ψ_		11/7		
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$	4,440.56	+ \$		N/A	= \$	4,440.56	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			·	-			_		
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00										
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	4,440.56	
13	Do	you expect an increase or decrease within the year after you file this form	?						monthl	y income	
13.		No.	•								
		Yes. Explain:									